RINTED: 04/22/2008

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				A. BUILDIN		(X3) DATE SU COMPLE		
		HFD12-0051		B. WING_	<u> </u>	04/1	5/2008	
NAME OF PI	ROVIDER OR SUPPLIER		2608 RITT	PRESS, CITY. ENHOUSE TON, DC 2				
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
000 1	1 000 INITIAL COMMENTS				Received	_ alaha		
	2008 through April of two residents wa population of three disabilities. The fir based on observat resident, program	was conducted from 15, 2008. A random as selected from a refermales with various addings of the survey with coordinators in the hold client records, admirtant reports.	n sample sident s were staff, two ome, as		Kecewerk GOVERNMENT OF THE DISTRIC DEPARTMENT OF HE HEALTH REGULATION ADM 825 NORTH CAPITOL ST., N.I WASHINGTON, D.C.	CT OF COLUMBIA EALTH IINISTRATION E., 2ND FLOOR		
1 022	SPACE  Each window shall be supplied with curtains, shades or blinds, which are kept clean, and in good repair.  This Statute is not met as evidenced by: Based on observation, the GHMRP failed to ensure blinds were maintained in good repair at each window.			1022				
	The finding include	es:			1022			
On April 14, 2008 at approximately 1:30 PM of the dining room windows blinds were obserto be bent and was missing one of the metal slats.			observed	·	The Residential Director winew blinds are purchase	II ensure	05/15/08 >	
1 056		RVICE / DINING AR		1056	1056		· 05/15/08	
	Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.				The Nutritionist will provi training to facility staff, in the Residential Director.			
Hoalth Board	Based on observa	t met as evidenced by tion, interview and rec						
_	ation Administration	DENCE DE	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	MATE IN C	TITLE Presid	lent	(X8) DATE	
STATE FORM		DER/SUPPLIER REPRESEN			0JXD11	// Continuests	0 / 5 / 0 on sheet 1 of 21	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM  HFD12-0051				(X2) MULT A. BUILDIN B. WING		(X3) DATE SU COMPLE 04/14	
NAME OF P	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
H C RES				TENHOUSE STON, DC 2			
(X4) ID PREFIX TAG				FULL PREFIX (EACH CORRECTIVE ACTION			(X5) COMPLETE DATE
I 056	Continued From pareview, the facility for GHMRP prepared that times.	ge 1 ailed to ensure that o food in a sanitary co	each nditions at	1 056			
	The finding includes:  On April 14, 2008 at approximately 2:45 PM, a whole raw chicken was observed in a white bowl on the kitchen counter near the sink. The chicken remained in the bowl until 4:20 PM (approximately 1 hour and 35 minutes) when the direct care staff and one of the Resident #2 began preparing the chicken for dinner.  Interview with the QMRP revealed that she had taken the chicken out of the freezer to thaw for the ladies dinner. Further interview with the QMRP revealed that she was trained to either placed the chicken in the refrigerator to thaw or run cold water over frozen chicken to allow for safe thawing and to ensure sanitary environmental conditions.  1 060 3502.18 MEAL SERVICE / DINING AREAS  Perishable foods shall be stored at proper temperatures in order to conserve nutritive value  This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that a thermometer was available for monitoring the temperature of the facility's freezers.  The findings include:  1. Observations during the environmental walk-thru on 4/15/08 at approximately 3:30 PM revealed no thermometer was in the bottom or allth Regulation Administration				The Nutritionist will provide training to facility staff, including the Residential Director.		05/15/08
				1 060	The Residential Director will ensu thermometer will be purchased for freezer and refrigerator.	re the	05/15/08
Tealth Regula			ı	<del>06</del> 99	OIXD11	// continuals	Taran dan kacamatan dan

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			R/CLIA MBER:	(X2) MULT A BUILDIN	IPLE CONSTRUCTION	(XS) DATE SURVEY COMPLETED		
		HFD12-0051		B. WING		04/15/2008		
NAME OF P	ROVIDER OR SUPPLIER			DORESS, CITY, STATE, ZIP CODE				
H C RES				ENHOUSE TON, DC 2	0015			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	'FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETE E APPROPRIATE DATE		
1 060	Continued From pa	ge 2		1 060				
	freezer part of the refrigerator located in the kitchen area. Interview with facility's Qualifie Mental Retardation Professional and Administrator acknowledged that there was a thermometer in the freezer section of the refrigerator.							
	2. Further observations during the enviror walk-thru on 4/15/08 at approximately 3:33 revealed no thermometer was in the deep located in the sun room. Interview with far Qualified Mental Retardation Professional Administrator acknowledged that there was thermometer in the freezer.  3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents a equipped with toilet tissue, a paper towel a dispenser, soap for hand washing, a mirror adequate lighting.  This Statute is not met as evidenced by: Based on observations and interview at the GHMRP falled properly equip each bathroothe appropriate items to meet each reside need.  The findings include:  During the environmental walk-through on 4/15/08 beginning at 3:06 PM revealed the following:  1. There was no cups or cup dispenser to in the bathroom located on the third level.  2. There was no cups or cup dispenser to Resident #3's in the bathroom.		:33 PM ep freezer facility's nal and					
1 082			MS	1 082				
			el and cup	• •				
			the room with					
,					1082			
			the located		The Residential Director w. cups and cup dispenser will and placed in all bathrooms	be purchased		
			el.			05/15/08		

(X2) MULTIPLE CONSTRUCTION

(X1) PROVIDER/SUPPLIER/CLIA

·	1 C RESOURCES 2608 WASI			A. BUILDII B. WING	NG	04/1	5/2008
				ET ADDRESS, CITY, STATE, ZIP CODE RITTENHOUSE ST, NW HINGTON, DC 20015			
(X4) ID PREFIX YAG	FACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(XS) COMPLETE DATE
l 082	O82 Continued From page 3  3. The bathroom located in Resident #3's room had three light bulbs that was inoperable.  4. The bathroom located in the basement room had one light bulbs that was inoperable and two bulbs were missing over the bathroom mirror.			1 082	The Residential Director light bulbs are replaced of light bulbs are kept in facility.	and a supply	05/15/08
			and two				
1 090	3504.1 HOUSEKEE	PING		1090			
	maintained in a safe	erior of each GHMR e, clean, orderly, atti er and be free of rt, rubbish, and obje	ractive,				
	Based on observati ensure the Interior a was maintained in a attractive, and sanii	met as evidenced b on, the GHMRP faile and exterior of the G a safe, clean, orderly tary manner and be irt, rubbish, and obje	ed to SHMRP /. free of				
	The findings include	<b>a</b> : .					통화가 분위되었다. 실로하는 100분
		GHMRP 's envîron at 3:06 PM revealed					
	Interior			<u> </u>	V # 3 4.		
	Kitchen						38
	Grease build-up above the stove.	was observed on th	e cabinets				
	2. Grease build-up vent ation Administration	was observed unde	rneath the		-		

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HFD12-0051		B. WING_		04/18	72008
NAME OF P	ROYDER OR SUPPLIER		2608 RITT	PRESS, CITY, TENHOUSE TON, DC 2			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETE DATE
1 090	3. The vent cover was soiled with food particles and grease buildup.  4. There was rusted pots and pans located underneath the cabinets.  Exterior  1. There was two stone plate were observed detached from the foundation at the bottom of the steps leading to the facility front entrance.  1 091 3504.2 HOUSEKEEPING  Housekeeping and maintenance equipment shall be well constructed, properly maintained and appropriate to the function for which it is to be used.			I 0 <b>9</b> 0	1090 The Residential Director and QMRP will develop a cleaning schedule.		
				,	1090 The Residential Director will ensure pots and pans will be		05/15/08
				-	pors and pans war purchased,		05/15/08
! <b>091</b>				I 091	1091 The Residential Director will ensure maintenance repair stone step and submit a weekly maintenance request.		05/15/08
	Based on observati failed to maintain the	met as evidenced by ions and interview, th ne interior and exterio afe, clean, orderly, at er.	e facility or of the				
	The findings include:  Observation during the environmental walk through on 4/15/08 beginning at 3:06 PM revealed the following:  Bathrooms  1. The bathroom located on the third level was observed to have a broken toilet seat.			· ,			
					The Residential Director will Replace the broken toilet seat		
1: Sta. 18:		er was observed to b	e missing	<del></del>		<u> </u>	05/15/08
Health Regul STATE FORI	ation Administration M		6	<b>489</b>	0JXD11	If continuation	n sheet 5 of 21

NAME OF PROVIDER OR SUPPLIER  H C RESOURCES  STREET ADDRESS. CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW WASHINGTON, DC 20015  PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  I 091  Continued From page 5  In the bathroom located on the third level.  3. The bathroom located in Resident #3's room had three light bulbs that was inoperable.  4. The bathroom located in the basement room had three light bulbs that was inoperable.  I 095  Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident.  This Statute is not met as evidenced by; Based on observation the GHMRP failed to lock caustic agents being stored.  The findings include:  Observations of the environmental walk-through on 4/15/08 beginning at 3:06 PM revealed the following:  1. ALA'S Totally Awesome (All purpose cleaner) was observed undemeath the cabinet.  3. Comet was found underreath the cabinet.  1095  The QMRP and RD will ensure that all cleaning upplies are proceduated at leasing upplies are proceduated and shall be cabinet.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION NUMBER:				A. BUILDII B. WING		COMPLE			
## C RESOURCES    ACAI ID   PREPIX   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LISC IDENTIFYING INFORMATION)   PREPIX TAG   PROMOBET'S PLAN OF CORRECTION (EACH CORRECTIVE ACTIONS HOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COntinued From page 5   In the bathroom located on the third level.   3. The bathroom located in Resident #3's room had three light bulbs that was inoperable.   4. The bathroom located in the basement room had three light bulbs that was inoperable.   1095     Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident.   1095     Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident.   1095     This Statute is not met as evidenced by: Based on observation the GHMRP failed to lock caustic agents being stored.   1095     The findings include:   1095   1095     Conservations of the environmental walk-through on 4/15/08 beginning at 3:08 PM revealed the following:   1. ALA's Totally Awesome (All purpose cleaner) was observed undermeath the cabinet.   1095     Conservations of the environmental walk-through on 4/15/08 beginning at 3:08 PM revealed the following:   1. ALA's Totally Awesome (All purpose cleaner) was observed undermeath the cabinet.   1. 1095   1. 1			HFD12-0051				04/1!	5/2008		
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had three light bulbs that was inoperable.  4. The bathroom located in the basement room had three light bulbe that was inoperable.  1 095  1 095  2. The Residential Director will ensure a shower head is purchased.  1 095  Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident.  This Statute is not met as evidenced by: Based on observation the GHMRP failed to lock caustic agents being stored.  The findings include:  Observations of the environmental walk-through on 4/15/08 beginning at 3:08 PM revealed the following:  1. ALA's Totally Awesome (All purpose cleaner) was observed underneath the cabinet.  2. Dish washer detergent was observed sitting in the window above the kitchen sink.  3. Comet was found underneath the cabinet located in Resident #'s 3 bathroom.		in the bathroom located on the third level.		<b>∍</b> l.	ŀ	1/00				
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3. Comet was found underneath the cabinet located in Resident #s 3 bathroom.		2. Dish washer de the window above t	tergent was observed the kitchen sink.	d sitting in		I a final fi				
1 096 3504.7 HOUSEKEEPING 1 096				binet				05/15/08		
	1 096	3504.7 HOUSEKE	EPING		1096					
No poisonous or hazardous agent shall be stored in a food preparation, storage or serving area.					-					
ealth Regulation Administration								Övergere.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLL IDENTIFICATION NUMBER			A. BUILDII		ис	<u>.</u>	(X3) DATE SI COMPLE			
<del> </del>	· · · · · · · · · · · · · · · · · · ·	HFD12-0051		B. WING		<del></del>	<del></del>	04/15/2008		
	2608		2608 RITT	REET ADDRESS, CITY, STATE, ZIP CODE 108 RITTENHOUSE ST, NW ASHINGTON, DC 20015						
(X4) ID PREFIX TAG				ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHO			JLD BE	(X5) COMPLETE DATE	
1 098		met as evidenced by:		1 096	1096 See answer to	1095				
	GHMRP failed to e	terview revealed that the nsure that caustic ager od preparation and sen	its were							
	The finding include  During the environs 4/15/08 beginning:	mental walk-through on	·M	-				, ,		
	4/15/08 beginning at approximately 3:06 PM caustic agent was observed being stored in a food preparation area in a cabinet underneath the sink unlocked. [ Also See Citation 3504.6]		n a eath the					٠.		
(1 135	3505.5 FIRE SAFE	ΤΥ		I 135				,		
		l conduct simulated fire ectiveness of the plan a er for each shift.								
	Based on staff inter	met as evidenced by: rview and record review old evacuation drills qua				· ·	-			
	The findings include	<b>ė</b> :								
	of the staffing patte	acility's President and ro rn on 4/14/08 at 3:10 P uled shifts are as follow	M [							
:	Weekdays 2nd Shift 3 PM to 1 2nd Shift 11 AM to					·	•			
}	Weekends/Saturda	y and Sunday								
aith Regula	1st 8 AM to 8 PM		ĺ					- '		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0051		MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			ETED
nowenen on elimbilico	HPU12-0051	STREET ADDRESS	CITY	STATE ZIP CODE	1 04/1	5/2006
		2608 RITTENH	OUSE	ST, NW		
(EACH DEFICIENC)	MUST BE PRECEDED BY	FULL PR	EFIX	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETE DATE
Continued From pa	ge 7	113	5		s -	
2nd 8 PM to 8 AM				· · · · · · · · · · · · · · · · · · ·		
Retardation Professible staff was requirement on each shift book from April 200 the facility failed to least four times a year.	sional (QMRP) reveated to conduct a drill of the fire of the fire of the fire of the April 2008 reveated fire dried for each shift durience that fire drills we	led that once per drill log aled that ills at ing.		1135 The QMRP will develop a monthly Fire drill schedule.		05/15/08
136 3505.6 FIRE SAFETY  Each GHMRP shall maintain records of each simulated fire drill.		1 13	6			
		each				
GHMRP failed to er	nsure fire drills record					
The findings include	<b>:</b>					
The simulated fire drill records reviewed on 4/15/08 revealed the following:  The documentation for the simulated drills inconsistently identified the times of the drills, the location of the devices, or the methods of egress.  I 189 3508.7 ADMINISTRATIVE SUPPORT  Each GHMRP shall maintain records of residents ' funds received and disbursed.		on				
		irilis, the		1136 See answer to 1135		05/15/08
		i 18	9 [	•	,,,	
		esidents				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa 2nd 8 PM to 8 AM Further interview w Retardation Profess the staff was requir month on each shift book from April 200 the facility failed to least four times a y There was no evide conducted quarterly 3505.6 FIRE SAFE Each GHMRP shall simulated fire drill.  This Statute is not Based on record re GHMRP failed to er monitored and accu The findings include The simulated fire c 4/15/08 revealed the The documentation inconsistently identification of the device 3508.7 ADMINISTR	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL Continued From page 7  2rid 8 PM to 8 AM  Further interview with the Qualified Mem Retardation Professional (QMRP) reveal the staff was required to conduct a drill of month on each shift. Review of the first book from April 2007 to April 2008 reveal the facility failed to hold simulated first deleast four times a year for each shift dur There was no evidence that fire drills we conducted quarterly on all shifts.  3505.6 FIRE SAFETY  Each GHMRP shall maintain records of simulated fire drill.  This Statute is not met as evidenced by Based on record review revealed that the GHMRP failed to ensure fire drills record monitored and accurately completed.  The simulated fire drill records reviewed 4/15/08 revealed the following:  The documentation for the simulated drill inconsistently identified the times of the clocation of the devices, or the methods of 3508.7 ADMINISTRATIVE SUPPORT	OF CORRECTION  IDENTIFICATION NUMBER:  HFD12-0051  STREET ADDRESS  2608 RITTENH WASHINGTON  SUMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7  2nd 8 PM to 8 AM  Further interview with the Qualified Mental Retardation Professional (QMRP) revealed that the staff was required to conduct a drill once per month on each shift. Review of the fire drill log book from April 2007 to April 2008 revealed that the facility failed to hold simulated fire drills at least four times a year for each shift during. There was no evidence that fire drills were conducted quarterly on all shifts.  3505.6 FIRE SAFETY  Each GHMRP shall maintain records of each simulated fire drill.  This Statute is not met as evidenced by: Based on record review revealed that the GHMRP failed to ensure fire drills records were monitored and accurately completed.  The simulated fire drill records reviewed on 4/15/08 revealed the following:  The documentation for the simulated drills inconsistently identified the times of the drills, the location of the devices, or the methods of egress.  3508.7 ADMINISTRATIVE SUPPORT  118	OF CORRECTION  IDENTIFICATION NUMBER: HFD12-0051  STREET ADDRESS, CITY. 2608 RITTENHOUSE WASHINGTON, DC 2  SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICIENCIES.  (PACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7  2nd 8 PM to 8 AM  Further interview with the Qualified Mental Retardation Professional (QMRP) revealed that the staff was required to conduct a drill once per month on each shift. Review of the fire drill sat least four times a year for each shift during. There was no evidence that fire drills were conducted quarterly on all shifts.  3505.6 FIRE SAFETY  Each GHMRP shall maintain records of each simulated fire drill.  This Statute is not met as evidenced by: Based on record review revealed that the GHMRP failed to ensure fire drills records were monitored and accurately completed.  The simulated fire drill records reviewed on 4/15/08 revealed the following:  The documentation for the simulated drills inconsistently identified the times of the drills, the location of the devices, or the methods of egress.  3508.7 ADMINISTRATIVE SUPPORT  I 189  Each GHMRP shall maintain records of residents	A BUILDING HFD12-0051  ROVIDER OR SUPPLIER SOURCES  STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW WASHINGTON, DC 20015  SOURCES  SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7  2rid 8 PM to 8 AM  Further interview with the Qualified Mental Retardation Professional (QMRP) revealed that the staff was required to conduct a drill once per month on each shift. Review of the fire drills at least four times a year for each shift during. There was no evidence that fire drills were conducted quarterly on all shifts.  3505.6 FIRE SAFETY  Each GHMRP shall maintain records of each simulated fire drill.  This Statute is not met as evidenced by: Based on record review revealed that the GHMRP falled to ensure fire drills records were monitored and accurately completed.  The findings include:  The simulated fire drill records reviewed on 4/15/08 revealed the following:  The documentation for the simulated drills inconsistently identified the times of the drills, the location of the devices, or the methods of egress.  1136  See answer to 1135	OF CORRECTION    DENTIFICATION NUMBER:   A BUILDING   B WANG   B W

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDI		(X3) DATE S	URVEY			
		HFD12-0051		8. WING					
NAME OF	PROVIDER OR SUPPLIER	<del>-,</del> -	STREET AD	ADDRESS, CITY, STATE, ZIP CODE					
H C RES	SOURCES			TTENHOUSE ST. NW NGTON, DC 20015					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE! MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETE DATE		
l 189	Continued From pa	ge 8		l 189					
	Based on interview	met as evidenced by and record review th aintained each reside disbursed.	e ·						
	The findings include	<b>:</b>				••			
	with the organization	ximately 11:00 AM, in the president and the interest revealed in the in	review of						
	Resident #1 withdra account on 6/19/07	not have receipts for wals from her persor for \$300.00, 8/1/07 to 00 each totaling \$80.0	nal bank wo						
	Resident #2 withdrage account on 6/21/07 to	not have receipts for wals from her persor for \$150,00, 8/1/07 for \$650.00, 12/7/07 for \$60.00.	nal bank or						
	Resident #3 withdray account on 8/1/07 fo \$50.00, 2/1/08 for \$3	not have receipts fo wais from her person r \$40.00, 12/12/ 07 f 0.00 and 2/29/08 for	nai bank or \$40.00.		The President has hired a new Financial Accountant to handle residential funds. A new system will put in place.	1			
	accountant has been	sident a new financia n hired and the old na e secured form the p	ecessary	· · · · · · ·			05/15/08		
I 203	3509.3 PERSONNE	- POLICIES		1 203	,				
	descriptions with each	Il discuss the content th employee at the be east annually thereaf	eginning						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDII	riple constructi NG	ON	R STAC (EX)		
<del>, . ,</del>	<del></del>	HFD12-0051		B. WING			04/1	5/2008
H C RES	ROVIDER OR SUPPLIER OURCES		2608 RIT	T ADDRESS, CITY, STATE, ZIP CODE RITTENHOUSE ST, NW HINGTON, DC 20015				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		FULL	ID PREFIX TAG	(EACH CO	ER'S PLAN OF CORRI RRECTIVE ACTION SI ERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
1 203				1 203		· · · · · · · · · · · · · · · · · · ·		
The finding includes:				,				
	,		on.		1203	· ' ' .	•	
	Review of the personnel files conducted on 4/15/08 at 11:20 AM, revealed that GHMRP fall to provide evidence of current signed job descriptions for one direct care staff and the QMRP [TR and BBJ]		MRP failed		provide the required to ensure all per-	ources Director will ired documentation sonal records are up icensed are on file.		05/1508
I 206	1 208 3509.6 PERSONNEL POLICIES			1206				05/1500
	annually thereafter, certification that a h performed and that	ior to employment an shall provide a phys nealth inventory has b the employee's hea her to perform the re	ician '.s peen alth status ;					
				-	· .			
	Based on interview GHMRP failed to er prior to employmen provided evidence of that documented a	met as evidenced by and record review, the same that each employed and annually thereas of a physician's certification health inventory had the employee's health	ne oyee, fter, cation been				,	
	performed and that the employee's health status would allow him or her to perform their required duties.  The findings include:		equired					
:					•			
·	GHMRP's personne revealed the GHMR	MRP and review of the lites on 4/15/08 at 2 P failed to provide ev	:00 PM					
alth Regula FATE FORM	tion Administration		64	169	JXD11		If continuation	A state of the

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDI		(X3) DATE SURVEY COMPLETED		
÷		HFD12-0051		B. WING		04/15/20	108	
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS. CITY,	STATE, ZIP CODE	<u> </u>		
H C RES	OURCES		2608 RITT WASHING	TENHOUSE TON, DC	ST, NW 20015		;	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE C	(X5) OMPLETE DATE	
1 206	Continued From pa	ge 10		1 206	1206			
	that current health consultants ( Physic	certificates were on file	le two (2) liatrist).		See answer to 1203			
l 226	3510.5(c) STAFF T	RAINING		1 226				
	Based on observati ensure the implement procedures to preven	met as evidenced by: on, the GHMRP failed entation of infection co ent communicable infe two residents include #1)	i to ontrol ectious	•	1226 The nurse will provide training to the facility staff on infection control.	0	5/15/08	
	The finding includes	· ·						
	approximately 5:35 sneezed five (5) tim room area watching Resident #1 was as by the evening direct placed eating utens time did direct care Resident #1 to wash the kitchen to get the no evidence that Inforevent communicate being implemented.	ns conducted on 4/14 PM revealed Resider es while sitting in the television. At 5:38 P ked to finish setting the care staff. Residentis on the dining table staff encourage or remain her hands prior to ele eating utensils. The ections control procedule infectious disease	nt #1 living IM, ne table t #1 At no direct ntering ere was dures to		-			
l 227	3510.5(d) STAFF TI	RAINING		l 227				
	Each training progra limited to, the follow	im shall include, but r ing:	not be	.	·			
	(c) Infection control	for staff and residents	<b>s</b> ;		•			
		net as evidenced by:	ad to					

Health Regulation Administration STATE FORM

have on file for review current training in CPR and

AND PLA	PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0051		ER/CLIA MBER:	(X2) MUI A. BUILD B. WING		· · · · · · · · · · · · · · · · · · ·	(X3) DATE COMPI	
NAME OF	PROVIDER OR SUPPLIER	THE 12-0001	STREET AL	DRESS CITY	, STATE, ZIP CODE		04/	15/2008
H C RE	SOURCES		2608 RIT	TENHOUS GTON, DC	E ST. NW			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	L (EACH CORR	'S PLAN OF CORRECE ECTIVE ACTION SHO ENCED TO THE APPI DEFICIENCY)	MIDE	(X5) COMPLETE DATE
1 22		_		1 227		· · ·		
	First Aid for employe	ees.			1			-
	The findings include	E			_		•	
	On 4/15/08, review	of personnel records	/training	·	1227			i
	staff (KB, BH) , one	at the following two d LPN (AQ) and the Q irrent CPR and First	MRP	-	See answer to 1203			
1 228	3510.5(e) STAFF T	•	Alu.					
,,				1228			•	
-	Each training progra limited to, the followi	m shall include, but i ng:	not be					
	(e) Resident's right	s; —	. '	· •				
	Based on record rev	net as evidenced by: iew, the GHMRP fail ing was provide to e	ed to			•		
	The finding includes:				·		.*	
ļ	Review of the training revealed that the GH training in Resident's	g records on 4/15/08 MRP failed to provid Rights, _	e			· .		
1 229	3510.5(f) STAFF TR	AINING	, 1	1 229	, • →	· · · · · · · · · · · · · · · · · · ·		
	Each training program limited to, the following	m shall include, but n ig:	ot be					
	(f) Specialty areas rel residents to be serve to, behavior manager recreation, total comme technologies;	d including, but not li ment, sexuality, nutrit	mited					
	This Statute is not me	et as evidenced by:			,	,		

alth Regulation Administration ATE FORM

(X2) MULTIPLE CONSTRUCTION

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If continuation sheet 13 of 21

(X3) DATE SURVEY COMPLETED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUFPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION		COMPLETED		
	**************************************	HFD12-0051		B. WING_		04/1	5/2008
	ROVIDER OR SUPPLIER	111 112-0001	STREET ADI	DRESS, CITY	STATE, ZIP CODE		
H C RES			2608 RITT	ENHOUSE ITON, DC 2	ST, NW		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
I 229	Continued From pa	nge 12		1 229			
	documents, the Ghevidence to validate residents' need.  The findings including and the records on 4/15/08	eview of the in service, the GHMRP failed to sexuality, behavior	e icated by		1229 The QMRP will request the Psy Nurse, Speech Therapist, QMR Nutritionist to provide the follow Behavior Management, Sexuali Nutrition, Recreation, Total Corassistive Technologies and Ora	P and w training in ty, nounications	05/15/98
1 232	3610.6(i) STAFF T			1232			
, .	limited to, the follow	esidents in the maint			1232 See answer to 1229		
	Based on staff inte Group Home for M	met as evidenced by rview and record revi ental Retardation (Gl at staff received traini	iew, the HMRP)				
	The finding include	es:	i				
	with the QMRP and	oximately 2:30 PM, in I the review of the in- ovide oral health and	service			N .	
1 260	PROVISIONS	EEPING: GENERAL		1 260			
		irector shall maintain ds and reports as red			-		
Health Regul	ation Administration M	<del> </del>		G888	OJXD11	If continuation	n sheet 13 of 21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

PRINTED: 04/22/2008 FORM APPROVED

If continuation sheet 14 of 21

(X3) DATE SURVEY COMPLETED

	ļ	HFD12-0051		B. WING _		<del></del>	· . · . ·	.5.	04/	5/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP C	ODE				
H C RES	OURCES			TTENHOUSE ST, NW NGTON, DC 20015						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EAC	ROVIDER'S I CH CORREC S-REFERENCE DI	TIVE ACT	ION SHO HE APPI	OULD BE	(X5) COMPLETE DATE
1 260	Continued From pa	ge 13		1 260				-		
	Based on staff inter Group Home for the	met as evidenced by view and record revi Mentally Retarded ( Irrent and accurate r ire drills.	ew, the (GHMRP)							
	The finding includes	<b>5</b> :		·		•				
	The simulated fire of 4/15/08 revealed the	Irill records reviewed e following:	on		1260 See answ	er to 1135	· .			
	The documentation for the simulated drills inconsistently identified the times of the drills, the location of the devices, or the methods of egress.			•						
I 261	3512.2 RECORDKE PROVISIONS	EPING: GENERAL		l <b>261</b>				,î•		
	made available at a	e kept in a centralize Il times for inspection I of authorized regula	n and							
	Based on observation review, the GHMRP protections of each	met as evidenced by on, interview and rec failed to ensure the residents rights, for d dent #1) included in t	ord one of the	:		•				
	The finding includes	, , ,			,	•				
	informed consent wa and/or her family me	provide evidence that as obtained from Re ember for the use of ations and Behavior s aple;	sident#1		•		`			
		evening medication 14/08 beginning at 5	:50 PM							
lealth Regula TATE FORM	ation Administration A		486	•• o	JXD11			* * * *	if combined to	in cheet 14 of 21

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			BER:	2) MULTII BUILDING WING	PLE CONSTRUCTION G	COMPLE	COMPLETED		
2608 RITT				DDRESS, CITY, STATE, ZIF CODE TENHOUSE ST, NW					
(X4) ID PREFIX TAG	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FI SC IDENTIFYING INFORMATI	JLL PR	ID EFIX AG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
1261	3 mg and Topamax Resident #1's medi AM revealed currer dated 3/1/08. Accordance diagnosis of Bi Disorder and is pre Topamax 100 mg of Topa	ge 14  #1 was administered R  100 mg by mouth. R  100 mg by mouth. R  11 records on 5/15/08  12 records on 5/15/08  13 records on 5/15/08  14 Physician's Orders (I  15 reding to the PO's, Res  15 reding to the PO's, Res  16 represental 3 me  17 revening for behave the Polar (BSP) to address  17 revealed that Res  18 revealed that Res  19 revealed that Res  19 revealed that Res  19 revealed that Res  19 revealed that Res  10 representative, as  10 represen	eview of sat 9:37 PO) sident #1 ontrol g and viors. erated in ss sagainst al 5/08 at ident #1 onsent ed ont #1 or ks of ling evide en	1	The QMRP will ensure all con are sign by the family member		05/15/08		
I <b>3</b> 79	psychotropic medic and approved by H evidence of HRC m the time of the surv record of informed the restrictive meas 3519.10 EMERGEN		eviewed vas no acility at was no e use of	9					
lealth Regula	ation Administration	Caran Graden entrette (t)							

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(X3) DATE SURVEY COMPLETED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
HFD12-0051			B. WING_		04/1	04/15/2008		
2608 RITT			RESS, CITY, ENHOUSE TON, DC 2					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(XS) COMPLETE DATE	
I <b>3</b> 79	Health, Health Fac unusual incident or interferes with a re- arrangement, well places the resident be made by telepho- followed up by writt	age 15 I notify the Departme Ilities Division of any event which substar sident's health, welf being or in any other at risk. Such notifica- one immediately and ten notification within urs or the next work	other stially are, living way stion shall shall be	1379	1379 The facility will be trained on I Management and the important reporting all incident in a timel manner to all departments are notified. A protocol procedure be established and posted in the	ce of y will	05/15/08	
	Based on interview that the the GHMR		evealed fication by					
	Review of the Residu/14/08 at approximurse's note dated nurse's note, Résiduransported to Sible Interview with the Oprofessional (QMR revealed that she heport to the main QMRP stated that if forwarded the incidof Health (DOH).	dent #1's medical rec nately 10:20 AM reve 8/13/07. According to ent #1 had a seizure ey Hospital via ambul Qualified Mental Reta P) on 4/15/08 at 2:2 ad forwarded the inconflice for processing, the office should have ent report to the Dep here was go docume OH was notified of the	ealed a no the and was ance. rdation 7 PM ident The e artment ented					
-	PROVISIONS  Each GHMRP shall	SION SERVICES: G have available quali carry out and monito	fied	l 391				
TATE FORM			÷ ĝi	C	JXD11	If continuation	sheet 16 of 21	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0051			R/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING	IPLE CONSTRUCTION	COMPLE	(X3) DATE SURVEY COMPLETED		
					04/1	5/2008			
NAME OF P	ROVIDER OR SUPPLIER OURCES		2608 RITT	DDRESS, CITY, STATE, ZIP CODE TENHOUSE ST, NW GTON, DC 20015					
(X4) ID PREPIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)			(X5) COMPLETE DATE		
I 391	necessary professi accordance with the individual habilitation necessary by the in professional service	onal interventions, in e goals and objective on plan, as determine iterdisciplinary team. es may include, but r	es of every ed to be The not be	1391	See answer to 1203				
	ilmited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:						r		
	The GHMRP failed available as require	met as evidenced by to have current licer ed by District of Colur as of professional se	nse mbia law						
	4/15/08, revealed t	s: ultant personnel files he facility failed to pro ary care physician.							
l <b>3</b> 94	3620.2(d) PROFES	SSION SERVICES: G	SENERAL	I <b>3</b> 94					
	professional staff to necessary professi accordance with the individual habilitation necessary by the improfessional service limited to, those se trained, qualified, a District of Columbia disciplines or areas	I have available quality carry out and monitional interventions, in e goals and objective on plan, as determine attendisciplinary team. es may include, but revices provided by indicensed as required law in the following of services:	es of every ed to be The not be dividuals						
looth Day	(d) Nutrition;	·		<del></del>					
leann Regul	ation Administration				-	10 mm 1 m			

(XZ) MULTIPLE CONSTRUCTION

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 04/22/2008 FORM APPROVED

HFD12-0051		MBEK:	A. BUILDIN	NG	— 04/15	04/15/2008		
NAME OF PROVIDER OR SUPPLIER STREET			STREET ADI	DRESS, CITY,	STATE, ZIP CODE			
H C RES	OURCES	<i>t</i>	2608 RITT WASHING	ENHOUSE TON, DC 2	ST, NW 20015			
(X4) ID PRÉFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  PROVIDER'S PLAN OF CO  PREFIX  (EACH CORRECTIVE ACTION  TAG  CROSS-REFERENCED TO THE  DEFICIENCY)		TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
i 394	Based on interview	met as evidenced by and record review, t isure the profession	the	1394	1394 See answer to 1203			
		MRP and record revocurent DC License						
l 397		SION SERVICES: 0	BENERAL	1 397	1397			
	professional staff to necessary profession accordance with the individual habilitation necessary by the interprofessional services limited to, those ser- trained, qualified, ar	have available qual carry out and monitional interventions, in a goals and objective in plan, as determined terdisciplinary team. It is may include, but revices provided by indicensed as requiral law in the following of services:	tor es of every ed to be The not be dividuals		See answer to 1203			
[	Based on record rev have on file current	met as evidenced by riew, the GHMRP fa licenses for all cons	iled to					
•	4/15/08, revealed th	: Illant personnel files e facility failed to pro ne Psychologist and	on ovide a					
alth Regula ATE FORM	tion Administration			<del></del>	JXD11	If continuation		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLL IDENTIFICATION NUMBER			(X2) MULT A. BUILDII B. WING		(X3) DATE SURVEY COMPLETED 04/15/2008	
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY.	STATE, ZIP CODE	04/13/2006	
H C RES	•		2608 RIT	TENHOUSE STON, DC 2	ST, NW	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORM	FULL	ID PREPIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE
1 398	Continued From pa	ge 18		1398	`	
i l	•	SSION SERVICES: C	GENERAL	1 398	1398 See answer to 1203	
	professional staff to necessary professional accordance with the individual habilitation necessary by the inprofessional service limited to, those set trained, qualified, a District of Columbia disciplines or areas (h) Social Work;  This Statute is not Based on interview	I have available qual carry out and monitional interventions, in e goals and objective on plan, as determined terdisciplinary team. es may include, but invices provided by in allicensed as requial law in the following of services:  met as evidenced by and record review that ave each profession:	tor  ses of every ed to be  The not be dividuals red by  y:		The answer to 1203	
·	The finding include:	s;		· }.		
	4/15/08 failed to evi	w of the consultants idence that the Socia on file at the time of	al Worker			
1 399	3520.2(i) PROFESS PROVISIONS	SION SERVICES: G	ENERAL	1399		
	professional staff to necessary professionaccordance with the individual habilitation necessary by the in professional services	have available qual carry out and monitonal interventions, in a goals and objective in plan, as determine terdisciplinary team, as may include, but revices provided by in	es of every ed to be The not be			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(XZ) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	HFD12-0051			B, WING		<del></del>	04/1	5/2008
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE			
H C RES	OURCES			TENHOUSE STON, DC 2				
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE APP DEFICIENCY)			ULD BE	(X5) COMPLETE DATE
1399	District of Columbia disciplines or areas	nd licensed as require law in the following	-	1399	1399 See answer to 1203	<u>.</u>		
	This Statute is not Based on interview consulting profession failed to have curre on file in the facility.	met as evidenced by and record review of onal records the GHN nt Speech Language	r: f the MRP					
	of the personnel file	esidence Director ar s on 4/15/08 at 1:50 Speech Language 1	PM failed					
1 401	3520.3 PROFESSIONS	ON SERVIÇES: GEN	IERAL	l <sup>*</sup> 401	:			
	and evaluation, inclidevelopmental levelopmental levelopme	es shall include both uding identification or Is and needs, treatmes designed to preven ner loss of function b	f ent ent .			•		
	Based on interview GHMRP failed to protect the protection of the protect of the p	met as evidenced by and record review th rovided diagnosis, event and necessary follow eterioration or furthe resident in the facilit	e /aluation, / up r loss of					
lealth Recul		cord review on 4/15/0 PM revealed that Re						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION	(X3) DATE SI COMPLE		
		HFD12-0051				04/15/2008	
NAME OF P	ROVIDER OR SUPPLIER		_		STATE, ZIP CODE		
H C RES	OURCES			ENHOUSE TON, DC 2	0015		
(X4) ID PREFIX TAG	. (EACH DEFICIENCY	TEMENT OF DEPICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
#1 was recieving quarterly Podiatry visits. Further review of the clinical records reveled that the last documented Posiatry consulttion occured in May 2007. Interview with the QMRP revealed that the Podiatrist had been to the facility, however, she was unable to provide evidence of a more current		I 401	1401 The nurse will ensure all consultations sheets are reviewed and recommenda are follow in a timely manner.	tion	05/15/08		
	visit.  2. On 4/15/08 at a interview with the C #2's medical record consultation occurs.  "Progress is poor. There are mobile to Recommend sedat.  Further interview withe consultation has	pproximately 3:15 PM QMRP and review of its revealed a Dental ed on 10/1/07 and inc Patient needs follow eeth evident of causi ting for immediate de ith the QMRP reveal d not been complete	A, Resident cluded: up. ng pain. nture." ed that d due to				
	medical recordsma resident's refusal.	al, however, review ide no mention of the The GHMRP failed to follow up as recommo	: D				
lealth Regul	ation Administration						



May 5, 2008

Patricia W. VanBuren Program Manager Health Regulation Administrator 825 North Capitol Street, NE Washington DC 20002

Re: 2608 Rittenhouse Street, NW

Dear Ms. VanBuren:

Enclosed, you will find the plan of correction for licensure survey completed on April 15, 2008.

Should you require further clarification, please feel free to contact me at (301) 270-0835.

Sincerely,

Ena P. James President.